



## REQUEST FOR AGE ELIGIBILITY WAIVER

**PARTICIPANT'S AGE MUST BE WITHIN ONE YEAR OF A HIGHER AGE GROUP TO BE ELIGIBLE TO MOVE UP. (E.G. 9 YEAR OLD MAY REQUEST TO MOVE UP TO 10-11.) MAYLA RESERVES THE RIGHT TO DENY ANY REQUEST TO MOVE UP TO A HIGHER AGE GROUP.**

\_\_\_\_\_, Parent, legal guardian or person having care, (Parent's Name) custody and control of the following child \_\_\_\_\_, (Child's Name) for \_\_\_\_\_ requests that the Rules and Competition Committee for MAYLA waive the minimum age requirement for participation in the Metro Atlanta Youth Lacrosse Association's Select Program for the following reason(s):

- (a) Child will turn the minimum age during the playing season for the program that the child desires to participate in.
- (b) Child has played at least two prior consecutive seasons in the same sport as waiver is requested
- (c) Child's Weight and Height is \_\_\_\_\_, which is closer in size and weight to participants in the \_\_\_\_\_ age group as determined by the Community Services Department.
- (d) Other \_\_\_\_\_

By making this request, I understand that my Child will be playing in Youth Lacrosse with children of an older age. There may be greater chances of accidental injury to my child than with children of their age group. I understand that my Child will be playing lacrosse with children who may be physically, emotionally and mentally more mature than my child. By making this request, I understand that I am responsible for consulting with any medical, psychological or other professional providers regarding the consequences of permitting my child to participate in this MAYLA Program, based on a waiver of the minimum age requirement. By signing this request, I agree to release MAYLA, its elected and appointed officials, employees, agents and contractors from any liability arising out of the granting of this application. By making this release, I am waiving and releasing any right to a claim against MAYLA. My signature below indicates that I have read and understand all the provisions of this request and releases.

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (Printed) \_\_\_\_\_

Signature Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

MAYLA Admin Use Only:

MAYLA Authorized Agent: \_\_\_\_\_

Date Approved: \_\_\_\_\_